

Instructions for Completing the Native Employment Works (NEW) Report Form

Identification Section

Provide the name and mailing address of the Tribe and the beginning and ending year of the NEW report year.

I. Clients Served/Outcomes Section

This section covers individuals participating in work activities, such as receiving employment, training or education. It does not include children provided with child care services.

- A. For purposes of this report, a participant is a person determined to be eligible for the NEW Program and who has begun to receive services, including assessment or employability planning services.
- B. For purposes of this report, "termination" includes any participant who has completed or stopped his or her program of services under NEW Program.

(1) Entered total number of clients that have entered Unsubsidized Employment in any job placement in a position not supported with funds from the program and not part of a supported work assignment. It can include self-employment.

(a) A TANF/AFDC recipient is a client who was receiving TANF/AFDC assistance at the time of entry into the NEW program.

(2) Completed Education/Training Activity is the termination of a client who does not enter unsubsidized employment, but does successfully complete one or more of his/her objectives related to education or job-specific skill training.

(3) Completed Other Client Objective is the termination of a person who does not enter unsubsidized employment and does not complete any education or training objectives, but who successfully completes one or more his/her other objectives of their participation.

(4) Other Terminations are terminations which cannot be classified into either of the three other categories.

Items I.B.1., I.B.2., I.B.3. and I.B.4. must total the same number as in Line I.B. Items I.A. and I.B. must total the same number as in Item I.C.

II. Client Characteristics

This section is used to record the characteristics of those clients who are participating in the NEW program during the report period. For each category enter the number of participants that the characteristic applies to. If a target group(s) has been identified in the NEW Plan, enter the name of each target group separately. Use additional paper if necessary. For example, if non-custodial parents is a target group, enter "non-custodial parent" for the target group and the number of non-custodial parents served.

- "Barriers to employment" include significant difficulties to obtaining employment such as: being an ex-offender or substance abuser, having an intermittent work history or history of dependence on public assistance or another type of condition which makes it unlikely that the person would be able to successfully compete for an employment opportunity against other applicants without such barriers.

The total number of males and females indicated in section II. should equal the total number of participants served during the program year in I.C.

III. NEW Activities and Services Section

This section is used to record all of the services which all participants are receiving or have received during their participation in the program. A person may be counted once for each category of services they receive during the reporting period.

- Enter the number of clients participating in job search, individual or group.
- Enter the number of clients receiving classroom training, which is any educational or vocational training service normally conducted in a formal classroom setting. It includes adult basic education, GED preparation, postsecondary education, vocational education and training in job-specific skills, job readiness, work orientation, etc.
- Enter the number of clients participating in work or community work experience.
- Enter the number of clients participating in on-the-job training. This is training conducted at a work site where the employer is subsidized for such training through a formal contract with the NEW program.
- Enter the number of clients participating in other tribal work activities work activities not covered by the categories described on the report form, but have been listed and described in the NEW Plan. Examples of such services would be those provided through a Tribal Employment Rights Office, entrepreneurial training, managerial training, traditional subsistence activities (hunting/fishing), etc.
- Enter the number of clients participating in supported work services involving work experience and training at a work site where the employer is not subsidized for such services through a formal contract with the program. This includes work experience where the participant is paid directly by the program.
- Enter the total number of families receiving child care as a count of the total number of family units provided with child care services.
- Enter the total number of clients receiving transportation support in any form whether it be car repair, subsidized, reimbursement, vouchers, carpooling, etc., provided by the program.
- Enter the total number of clients being provided job retention and/or work related expenses, such as, equipment, tools, uniforms, driver's licenses fees, etc.
- Enter the total number of clients referred to and receiving counseling. This includes counseling to address family violence, significant barriers to employment, parenting, etc.
- Enter the total number of clients receiving any type of medical services or assistance, such as, providing medical examinations required as a condition for training or employment, eye glasses, hearing aids, braces, special equipment for the disabled, substance abuse treatment, etc.
- List any other services being provided by the NEW Program not covered in the other categories.

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 16 hours per response, including time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

NATIVE EMPLOYMENT WORKS (NEW) REPORT FORM

Tribe: Name & Address	Report Period
	From: July 1, _____ To: June 30, _____

I. Clients Served/Outcomes (Employment & Training Services)	Number
A. Total Current Participants	
B. Total Terminations	
1. Entered Unsubsidized Employment	
a. TANF/AFDC Recipients Entered Unsubsidized Employment	
2. Completed Education/Training Activity	
3. Completed Other Client Objective	
4. Other Terminations	
C. Total Participants Served during the Program Year	

II. Client Characteristics			
Characteristics	Number	Characteristics	Number
Males		TANF/AFDC Recipients	
Females		BIA General Asst. Recipients	
Teen Parents		Barriers to Employment	
Adults		Completed High School/GED	
Target Group _____		Target Group _____	
Target Group _____		Target Group _____	

III. NEW Activities and Services			
Activities	Number	Services	Number
Job Search		Families Receiving Child Care	
Classroom Training		Clients Receiving Transportation	
Work Experience		Job Retention/Work Related	
On-the-Job Training		Counseling	
Other Tribal Work Activity		Medical Services	
Supported Work Services		Other Services _____	

Name and Title of Tribal Contact Person for This Report	Phone Number	Date
Name:	Area Code ()	
Title:	Number	

NATIVE EMPLOYMENT WORKS (NEW) NARRATIVE PROGRAM REPORT

Tribal Grantee _____

Program Year ending June 30, _____

Did your program achieve each of the desired outcomes listed in the NEW plan? Explain.

Describe any significant barriers to coordination or implementation.

Describe any unique work activities/features of your program.

If you implemented a job creation or economic development project with NEW funds, describe this effort including the amount of program funds expended.

Describe program successes.

Comments

Please use additional paper if needed.

Tribal contact person for this report:

| Phone number: ()

| Date:
